2011

City of Memphis NON-MEDICARE RETIREE CHANGE FORM

NOTE: Only complete if you wish to change plans, add or delete dependents to your health coverage

EMPLOYEE INFORMATION | COMPLETE ALL THAT APPLIES | EMPLOYER USE ONLY

Employee Name (Last Name, First Name, Middle Initial)

List PCP ID Number

☐ RETIREE ☐ SURVIVOR

EFFECTIVE DATE EMPLOYEE
/   /

Social Security Number __ __ __

Sex (M or F)

Date of Birth – MM/DD/YY

☐ CITY OF MEMPHIS BASIC

EFFECTIVE DATE DEPENDENT(S)
/   /

Street Address

☐ CITY OF MEMPHIS PREMIER

TERMINATION DATE
/   /

City   **State**   **Zip**

☐ ADD   ☐ DELETE   ☐ CANCEL

DIVISION CODE

☐ Waive Coverage

ENTERED BY

Daytime Phone Number
(   )   -

Evening Phone Number
(   )   -

YOUR PLAN WILL COVER

HIRE DATE:
/   /

Division

E-Mail Address

☐ FAMILY   ☐ SINGLE

List all dependents you wish to _____ ADD TO YOUR COVERAGE or _____ DELETE FROM YOUR COVERAGE or _____ UPDATE SOCIAL SECURITY NUMBER on your coverage.

	Last Name	First Name	Initial	Social Security Number	Date of Birth (MM/DD/YY)	Sex (M or F)	Full Time Student (YES / NO)	For Premier ONLY (List PCP ID Number)
Spouse								
Dependent								
Dependent								
Dependent								
Dependent								

If you or your dependents are covered by other group insurance, please fill out the following information:

Name of Person covered by other insurance

Social Security Number

Medicare ☐ Yes ☐ No   **If yes:** ☐ Part A ☐ Part B ☐ Part D

Effective Date /   /

Name of Company this Person works for

Group No.

Medicare HICN:
Name: **Relationship:**

Name of other Insurance Company

Effective Date:

Comments:

List dependents Covered:

By signing below, I certify that: the information provided above is true and correct. I accept the plan rules as set forth by the City of Memphis; and I authorize payroll deduction for the plan above.

Form must be completed and signed by City employee to be accepted.

Signature   **Date**

NOTARY SIGNATURE

NOTARY EXPIRATION DATE

City of Memphis Benefits Office, 125 N. Main, Ste. 438, Memphis, TN 38103 (901) 576-6761